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The Special Attention of Physicians i	s Respectfully Invited to the R	emarks below, and to I	ist of Diseases on Back of the	his Certificate.
	Department,			
Permit No. 99992	Office of Region	DEPARAMENT	atistics. Ward	19-
The Physician who attended any to the Undertaker or other person su requested so to do, under penalty of 1	person in a last il ness, is respo perintending the bushel, within	nsible for the presentat away by four hours after	on of this Certificate, accur he death of said deceased,	ately filled out, or sooner, if
CER	TIFICATE	OF DE	CATH.	
Date of Death, 7	May 24 (rite legibly and spell) (rrectly. If an Infant) to named give names	18	187	
Full Name of Deceased, { constant of the const	rite legibly and spell rrectly. If an Infant to named, give names	zesto 1	Varies	
Sex, Male or Female, Cross of required	t the word not }			
Age, 58	Years,	Months,		Days
Color, white		· ·		
Married, Single, Widow or	Widower, {Cross out the wor	ds not }	1/	
Occupation,			V	
Birth Place, State or country, and long in the United St.	$_{\text{ates,}}^{\text{how}}$ 72 all	pity.	100	
Duration of Residence in t	he City of Baltimore,	defeter	ne	
Place of Death, Give Street and Number.	10104	neker &	/	
Cause of Death, Second (Im	ary), Car	tinon	ea of the le	tores
Duration of Last Sickness All the above information should be	Turnished by the Physician	cor		9
Place of Buriat July	nmountle	m.		
Date of Burial, Mary	26 1887	MKO	Maries	- 35 7
(Undertaker, // /	icknee for		Medical Attendant.	И. D.
Place of Business 2216	Scutair A)	Address, Con Z	afayelle e	eve.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the /City of Baltimore.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back	of this tertificate
Poard of Health, City of Baltimore,	14
Permit No. 99993	STATISTICS.
The Physician wheattended my person in a last illn still espendible for the presentation of this Certification, to the undertaker or other person superintending the burial within swenty four hours after the death sooner, if requested so to do, under penalty of law.	
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE	· CO
CERTIFICATE OF DEATH.	
Date of Death, May 24th 1889	
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not }	
Age, 72 Years, Months, Sex. Temale	- Days
Color, While Sex, Cemale	
Married, Single, Widow or Widower, { Cross out the words not }	
Occupation,	
Birthplace, {State or country (and how long in the United States, if} Tennsylvania	1
Duration of Residence in the City of Baltimore, Il years	
Place of Death, {Give street and} 632, h. Fremont	
(First (Primary,) Incumonia	
Cause of Death, Second (Immediate,) Weakness	
Duration of Last Sickness, Ino months All the above information should be furnished by the Physician.	
Place of Burial, David Will Park Morris When	E M.D
Date of Burial, May 26	Medical Attendant
S Undertaker, Andrews Pohde Address 744, W. Faye	the St.
1	

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certific setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Re	pectfully Invited to the Re	emarks below, and to L	ist of Diseases on bac	k of this Certificate.
	epartment			re. ,32
Permit No. 9999 + offi	ce of Berrina	r of Villa sio	tistics. W	ard 15
The Physician who attended any per to the Undertaker or other person superin requested so to do, under penalty of law. No Permit for	son in a last indess, attending the burial, within Burial CA by Optain	,		te, accurately filled out, eccased, or sooner, if
	FICATE	MORP		(
Date of Death, Ma				
Full Name of Deceased, \{\begin{array}{l} Write \correct \text{correct} \\ \text{not nat} \\ \text{of pare} \\ \text{of pare} \end{array}	egibly and spell y. It an Infant ned, give names nts.	seph H	exter	
Sex, Male or Female, { cross out the required in	e word not }	·····		
Age, HG Y	ears,	Months	, /	Days.
Color,			1/	
Married, Single, Widow or W	//	ls not }	•	
Occupation, Me.	chark	,	x :	
Birth Place, State or country, and how long in the United States, if of foreign birth.	Wast		~	
Duration of Residence in the	City of Baltimore	$\frac{3}{2}$	onthe	
	916,	· Lex. 6	hut	
Cause of Death, $\begin{cases} \text{First (Primary)} \\ \text{Second (Immed)} \end{cases}$	iate), As	Thema	creare	
Duration of Last Sickness,	d by the Physician.	uks		
Place of Burial, Zell	Point le	emiler		
Date of Burial, Man	4261	Cha	2 2	111
Date of Burial, Man	thengra	Cna	Medical Att	tendant.
Place of Business, 62 A	W Balls to	dress. 76 3	M. Be	ello 8-

sened. Saturday of each week.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the I	Remarks below, and to List of Diseases on back of this Certificate.
	City of Baltimore.
ermit No 7995 Office of Resistre	ar of Flat Statistics. Ward 64
to the Undertaker or other person superintending the bunkli with requested so to do, under penalty of law. No PERMIT FOR BURIAL CAS BE OBTAIN	stronsible for the presentation of this Certificate, accurately filled ent. for twenty four hours after the death of said deceased, or sooner, if NED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE	OF DEATH.
Date of Death, May 24	1887 -8-20 H.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Cecilia Gertrude Smith
Sex, Male or Female, { ross out the word not }	female
Age,	Months, 9 Days.
Color,	white
Married, Single, Widow or Widower, {Cross out the w	ords not married
Occupation,	Jacker 1
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Belle, md
Duration of Residence in the City of Baltimon	re, since from
Place of Death, {Give Street and }	2019 6. Chase st.
$\it Cause of Death, egin{cases} { m First (Primary),} \\ { m Second (Immediate),} \end{cases}$	Oclampser
Duration of Last Sickness, All the above information should be furnished by the Physician.	30 hours
Place of Burial, If Ulphoxesus Con	dro o
Date of Burial, May 26. 1887	11 4 O ausolina NA
(Undertaker, King Hoell Son	Medical Attendant.
Place of Business, 1023 of Centre	Address, 1727 C. Baltimer and

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dury of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Eack of this Certificate.
Board of Healtha Will Stallimore, 202 Permit No. 9996 Office of Registrar of Vival Statistics. Ward 203
The Physician who attended any person in a last illness of responsible for the presentation of this Certificate, accurately filled out, to the Undertaked or other person superintending the burial, within twenty-tout laws after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Officerally Thought A Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Assery 23 gd 150%
Full Name of Deceased, { We've legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, Cross out the word not }
Age, Months, Duys,
Color, Colored.
Married, Single, Widow or Widower, {Cross out the word not }
Occupation, De .
Birthplace, State or country, and how long in the United States. Any of Success Co Un guica
Duration of Residence in the City of Baltimore,
Place of Death, Give street and III gowell fully with
First, (Primary,)
Cause of Death, Second, (Immediate,)
Cause of Death, Second, (Immediate,) Africage Duration of Last Sickness, Cary
Cause of Death, Second, (Immediate,)
Cause of Death, Second, (Immediate,) Duration of Last Sickness, All the above information hould be furnished by the Physician.

No. 99996

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Place of Business & Af / hours

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 99997
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, With of Baltimore.
The Physician the strended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the barial, within twenty four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 24 11
Full Name of Deceased, Write legibly and south correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { cross out the word not }
Age, Years, Months, Days.
Color, / Phile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Mane
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Ballimore,
Place of Death, {Give Street and } 129 ff aybert Il Local found
Cause of Death, { First (Primary), Second (Immediate), Second (Imm
Duration of Last Sickness, Since Start Start Sickness, Since Since Sickness, Sickness, Since Sickness, Since Sickness, Since Sickness, Since Sickness, Since Sickness, Since Sickness, Sickness, Sickness, Since Sickness, S
Place of Burial, Holy bowl ben 1
Date of Burial, May 26. 189 Suffeel of hom D
J Undertaker, M. A Large Attendant.
Place of Business, 229 S. Moodway Address, 6/0, S. Jaca M.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

e + so the	Office when	nd to List of Diseases on Bac	of this Certificate.
The Special Attention of Physicians is Respectfully Invited	to the Remarks below, a	III to hist of Discrete	
Wealth Meyarim	ent, Olly	U) Zamino	12
Permit 10. 98 Office of Rep. The Physician who attended any person in a last illustrate out, to the Undertaker or other person superintending out, to the Undertaker or other pensalty of law.	ess, is responsible for the	e presentation of this Certification of the Certifi	cate, accurately filled of said deceased, or
The Physician who attended and the person superintending out, to the Undertaker or other person superintending out of the Undertaker or other person of the Undertaker or other person of the Undertaker or other person of	BEOBIAINED WITHOUT	DEATH	65
CERTIFICA	TE OF	DEATT.	
Date of Death, Mitte legibly and spell correctly. If an Infant not named, give names of parents. Som Make or Female, {Cross out the word not required in this line.}	} Henrice	Ha E. Jel	Ley
Full Name of Deceased, of parents.)		
Sea, India		Months,	Days
Black		11	
Married, Single, Widow or Widower, Tree	quired in this line.	U V	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	llimore	-1	
Duration of Residence in the City of Bo	Boulden	alley ,	-
Birth Place, {State or countried States, } long in the United States, } Duration of Residence in the City of Bornell Place of Death, {Give Street and Number.} 5/8 Cause of Death, {First (Primary), Countries (Primar	ucer of h	the Breast	
Cause of Death, Second (Immediate),	1. H.		
Duration of Last Sickness, All the above information should be furnished by the	Physician.		
Place of Burial, Industry	889	& Tane	ell M. I
Date of Burial, Man 25		M	edical Attendant.
(Undertaker, V) 11 Occur		to a Com	Mu De

Place of Business, 641 Phonoana Address,. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the case comes and the physician who attended to furnish the case comes and the physician who attended to furnish the case comes and the physician who attended to furnish the case comes and the physician who attended to furnish the case comes and the physician who attended to furnish th

ageaiin.	Orbu			7
ermit No. 99999	Office of Reg	istrut of Th	del Statistics.	Ward
The Physician who attended a the Undertaker or other person	any person in a last illust superintending the buri	AP A SECTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF TH	the representative of this Ce	aid deceased, or sooner,
			T A PROPER CERTIFICAT	
CER	TIFICA	TE OF	DEATH	1. W
Date of Death,	may	25 188		
Full Name of Deceased,	Write legibly and spell correctly. If an infant not named, give names of parents.	Samu	ial 13 7	Bowman
Sex, Male or Fanale, {Cro	oss out the word not uired in this line.			
Age, 32	Years,			Days.
Color, Whil				
Married, Single, Widow	or Widower, {Cross requi	out the words not }		
Occupation, 202 8	nchan	1-11		
Birth Place, State or country, a long in the United if of foreign birth	ind how i States,	aun	nor.	
Duration of Residence i	n the City of Bo	altimore, Le	from	
Place of Death, Give Street Number.	and 1807	C/M	are SI	•
G G First (F			Ucoholi	on
Cause of Death, Second	(Immediate),	epticia	mea	
Duration of Last Sickn All the above information should be	be furnished by the Physicia	sh3		
Place of Burial, Mal.	amore 808	inclay.		
Date of Burial, 200	ay 26/8	71/01	L. 90	eas M.D.
(Undertaker, Clin	Je. Yuf		- / M	exical Attendant.
Place of Business, 3	<i></i>	(way ddress/	*	vay is
Extract from Regulations of	the Board of Health	to scure a full an	d correct record of th	e Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as furnished each be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case of death.

City of Baltimore.

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Health Department, City of Baltimore. Office of Registrar of Vital Statistics The Physician who attended any person in a last illness, is responsible for the presentation of this Co the Undertaker or other person superintending the burial, within twenty-four hours over the decident of law. requested so to do, under penalty of law.
No Permit for Burial can be Obtained w Date of Death,_ Full Name of Deceased, { Write legibly and spelf correctly. If an Infant not named, give names } Sex, Male or Female, (Cross out the word not) required in this line. Days. Years. Months. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Lumber. Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Sallimas chiminy Date of Burial, March 10 (Undertaker, Sumod Ja

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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